Toxicology and Carcinogenesis Studies of Bromodichloromethane (CAS NO. 75-27-4) in Male F344/N Rats and Female B6C3F1

Mice (Drinking Water Studies)







BDCM: Production/Human Exposure

- Not manufactured for commercial use
- Drinking water disinfection by-product: formed by the reaction of chlorine with naturally occurring organic matter in the presence of bromide
- Concentrations measured in drinking water:
 ~ 6 17 μg/L
- EPA's maximum contaminant level for total trihalomethanes in drinking water: 80 μg/L

BDCM: Study Rationale

- Although a previous gavage study showed that BDCM is carcinogenic at multiple sites in rats and mice, the US EPA nominated a drinking water exposure study
- To further characterize dose-response relationships between exposure to BDCM and neoplasia
- Studies limited to male rats and female mice because those sex/species groups showed higher incidences of large intestine neoplasms (MR) and hepatocellular neoplasms (FM) in the previous gavage study

Conc, mg/L	Survival	Body wt. gain,		y water	Av. daily
Male rats, N	- 10	g	consum wk-1	ption, g wk-3	dose, mg/kg
0	10	65	16.8	18.2	
43.7	10	63	15.7	17.5	6
87.5	10	63	15.2	17.7	12
175	10	59	13.5	15.0	20
350	10	57*	12.1	14.8	38
700	10	54**	10.3	13.2	71
Female mice	, N = 10				
0	10	2.9	2.7	2.8	-
43.7	10	2.3	2.8	2.8	6
87.5	10	2.9	2.0	2.5	10
175	10	2.4	1.4	2.0	16
350	10	0.4**	1.1	1.7	32
700	10	1.2**	0.3	1.8	51

Conc, mg/L	Survival %	Av. Wt. at wk-52, g	Av. daily dose mg/kg
		(% of control)	
Male rats			
0	58	492	-
175	57	479 (97)	6
350	58	479 (97)	12
700	52	472 (96)	25
Female m	ice		
0	72	61.2	-
175	74	58.1 (95)	9
350	66	58.1 (95)	18
700	78	55.6 (91)	36

Lesion	0 mg/L	175 mg/L	350 mg/L	700 mg/L	Historica range
hepatocellular	30*	23	24	19*	8 - 63 %
adenoma or carcinoma	(32) ^a	(27)	(27)	(24)	
hemangio-	8	2	0*	4	0 - 8 %

Conclusions

Under the conditions of this 2-year drinking water study there was no evidence of carcinogenic activity of bromodichloromethane in male F344/N rats exposed to target concentrations of 175, 350, or 700 mg/L. There was no evidence of carcinogenic activity of bromodichloromethane in female B6C3F $_{\rm 1}$ mice exposed to target concentrations of 175, 350, or 700 mg/L

Incidence of Kidney and Large Intestine Neoplasms in Male F344 Rats Exposed to BDCM

Gavage				
	<u>0</u>	50 mg/l	kg <u>100 r</u>	ng/kg
Kidney	0/50	1/50	13	/50
Large intestine	0/50	13/50	45	/50
Drinking Water	0	175 ma/L	350 mg/L	700 mg/L
Kidney	0/50	0/50	0/50	0/50

0/50

0/50

Large intestine

1/50

0/50

Metabolism of THMs

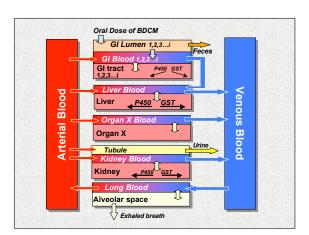
Characterization of BDCM in Male Rats and Estimation of Dose Metrics

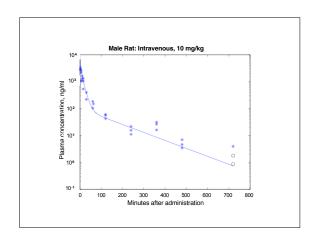
- Develop a PBPK model that characterizes the absorption, distribution, metabolism, and elimination of orally administered BDCM in male rats
- Fit this model to blood time-course data of BDCM
- Estimate potential dose metrics for neoplastic effects:
 - 24-hr blood AUC

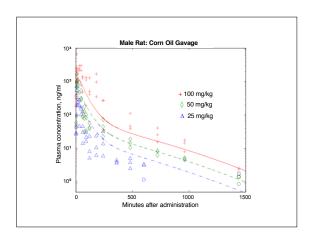
 - Maximal and 24-hr cumulative metabolism via the GST pathway in kidney and large intestine
 Maximal and 24-hr cumulative metabolism via the CYP450 oxidative pathway in kidney and large intestine

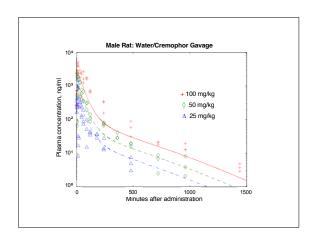
NTP Single-Dose TK Studies: **Blood Time-Course Data of BDCM in Rats and Mice**

Route	Doses, mg/kg		
Intravenous	10		
Gavage in corn oil	25, 50, 100		
Gavage in water/cremophor	25, 50, 100		









Behavior of BDCM in Male Rats after Oral Administration

- Absorption is rapid (plasma Tmax ~ 5-15 min) after gavage in corn oil or in aqueous vehicle
- Absorption occurs in stomach and intestines
- Metabolism occurs predominantly in the liver and mainly by the CYP450 pathway
- Partial saturation of the CYP450 pathway occurred with gavage administration but not with drinking water exposure
- Systemic availability of BDCM: 11-13% with gavage and 10-11% with drinking water exposure
- Greater relative flux through the GST pathway in the kidney and large intestine than in the liver

Strategy for Dose-Response Analyses

 Fit a Weibull dose-response model to the dose metrics from the PBPK model and the gavage cancer data

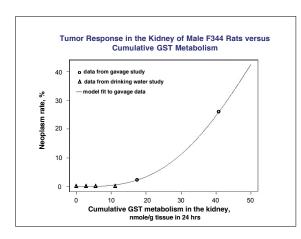
P(dose) = 1 − e −(intercept + scale • dose shape)

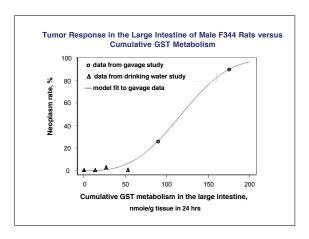






- Using the same model-based dose metrics for each target organ, predict neoplasm incidence in the kidney and large intestine with drinking water exposure
- Compare predicted neoplasm rates with observed rates
- Describe the shape of the dose-response curves for the combined gavage and drinking water tumor data





Observed and Predicted Incidence of Neoplasms in the Kidney and Large Intestine of Male F344 Rats Exposed to BDCM in Drinking Water

			Predicted	neoplasm i	ncidence, ^c	%
Exp conc, mg/L	Obs rate, %	24 hr blood AUC	GST max	GST cumul	P450 max	P450 cumu
Kidney						
175	0	<0.1	<0.1	<0.1	<0.1	<0.1
350	0	<0.1	<0.1	<0.1	<0.1	<0.1
700	0	0.5	<0.1	0.6	<0.1	0.6
shape		3.2§	2.8§	2.6§	3.6§	1.9§
Large int	estine					
175	0	0.3	<0.1	0.1	<0.1	<0.1
350	2	1.9	0.4	0.8	0.3	0.5
700	0	9.7*	3.5	6.3	3.5	6.0
shape		2.6§	3.2§	2.5§	4.3§	3.8§

*predicted incidence is different from observed, P < 0.05 \$ shape parameter is different than 1, P \le 0.01

Other Factors Influencing the Dose-Response

- Loss of BDCM (~ 20% in 3-4 days) from water bottles during exposure
- Blood AUC and metabolism via the GST pathway or the CYP450 pathway may not be the sole determinants of large intestine neoplasms
- Diet: 9.1% crude fiber in NTP-2000 diet used in the drinking water study, 3.4% crude fiber in NIH-07 diet used in the gavage study
- Route of exposure: dermal and inhalation exposures lack first-pass liver metabolism

Previous 2-year gavage studies of BDCM by the NTP provided clear evidence of carcinogenic activity in male and female F344/N rats and in male and female B6C3F ₁ mice.	
The different responses observed between the gavage and drinking water studies are attributed to differences in organ dosimetry by these routes of exposure and possible influences of dietary factors and differences in body weight on neoplasm development.	
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